



Amendments to the Specification:

Page 1, line 7, please add the following paragraph:

BACKGROUND ART

Page 1, line 19, please amend this paragraph as shown:

A catheter of this type is used for post-operative nutriment supply via the intestine in order to replace intravenous nutriment supply which is more difficult to administrate but above all costs 5 to 10 times more and also is associated with substantial complications. The catheter is positioned at the distal end thereof in the small intestine, preferably in the upper part of jejunum, in the manner described in ~~EP-C-0~~ EP 0 278 97. The catheter having said normally coiled predetermined length thereof straightened by the guide being pushed into said length is inserted at the distal end thereof into the stomach through the nose or the oral cavity via the gullet and the esophagus, or also percutaneously. At following nutriment supply in the normal manner during a predetermined period the catheter is advanced from the stomach into the small intestine by the movements of the stomach and the peristaltic movements of the intestine because the coiled length of the catheter will be processed by the stomach and the small intestine in the same manner as the surrounding nutriment. Thus, the catheter is self-feeding. Usually the coiled length of the catheter should be located in the upper part of jejunum, and when this position has been reached the catheter is fixed such that it cannot be further advanced into the small intestine. Once located the distal end of the catheter will be held anchored in jejunum by the coiled length engaging the inside corrugated surface of the

intestine. The purpose is thus to provide the greatest possible friction between the catheter and the intestine wall.

Page 2, line 28, please amend this paragraph as shown:

The catheter described in ~~EP-C-0~~ EP 0 278 937 has been found to well satisfy the purpose thereof in practice. The catheter does not differ essentially from conventional nasoenteric silicone tubes and, therefore, the costs for manufacturing such a catheter will not be much higher than those for manufacturing silicone tubes. It has been found that the catheter has advanced into the small intestine in 4 to 6 hours after the insertion. After the insertion it will be kept in the position thereof in the upper part of jejunum until it is to be removed usually after seven days or so. The risk of the catheter being returned to the stomach prematurely is small because said length of the catheter having a tendency to coil efficiently prevents dislocation by engaging the inside surface of the small intestine. In about 95% of the cases in which the catheter has been used it has attained the intended position in the small intestine and has maintained that position.

Page 3, line 14, please amend this paragraph as shown:

The purpose of the present invention is to further improve the catheter according to ~~EP-C-0~~ EP 0 278 937 regarding self-advancement without supply of said agents while maintaining a safe and even improved retainment of the catheter in the predetermined position, and for this purpose the catheter according to the invention has obtained the characterizing features of claim 1.

Page 3, in between lines 20 and 21, please add the following new paragraphs:

FIG. 5 is a view corresponding to FIG. 3 of the catheter in a fourth embodiment thereof,

FIG. 6 is a view corresponding to FIG. 3 of the catheter in a fifth embodiment thereof;

FIG. 7 is a view corresponding to FIG. 3 of the catheter in a sixth embodiment thereof, and

FIG. 8 is a view corresponding to FIG. 3 of the catheter in a seventh embodiment thereof.

BRIEF DESCRIPTION OF THE DRAWINGS

Page 3, in between lines 34 and 35, please add the following new paragraph:

DETAILED DESCRIPTION OF THE DISCLOSED EMBODIMENTS

Page 5, line 1, please amend this paragraph as follows:

At least the predetermined length of the tube at the distal end thereof having a tendency of coiling according to the invention is provided at the outside surface thereof with fimbriae-like short hairs as indicated at 16 in FIGS. 1 and 2 in order to stimulate the advancement of the catheter and more safely prevent dislocation thereof when it is in the predetermined position in the intestine by increased friction against the outside surface of the tube. However, this can also be achieved in another way, for example by providing on the tube a frosted, rough, or ribbed surface structure 16 as disclosed in FIGS. 5 to 8, respectively. Prior art electrostatic technique is well suited for providing an hairy surface on the outside of the tube. Said surface is made temporarily adhesive by applying some

kind of glue, and short fibres of unitary length are applied on the surface in an electrostatic field, the fibres under the influence of the electrostatic field being held in a position in which they are directed radially outwards from the tube. This position will be maintained when the glue has set.

Page 5, line 20, please amend this paragraph as follows:

When the catheter is being used it is inserted into the stomach through the nose or through the oral cavity via the gullet and the esophagus, or percutaneously, with the catheter straightened by the guide 14 being pushed into the predetermined length with tendency of coiling, i.e. in the condition according to FIG. 1. The coiled portion being dimensioned as mentioned above the tube of FIG. 1 has an effective length which is 30 mm larger than the length in the condition according to FIG. 2. After insertion of the catheter into the stomach the guide is withdrawn a distance corresponding to said difference in effective length, i.e. about 30 mm, so that the tube will be free to coil in the stomach the tube then being advanced a corresponding distance in the stomach i.e. about 30 mm because the effective length of the catheter has been shortened by coiling. Then, the guide is withdrawn completely from the tube. The patient now ingests in the normal way through esophagus which of course implies that the tube is dimensioned so that there is a space for the passage of the food. The food in the stomach will surround the coiled length of the tube located therein, and this length of the tube will be processed in the same manner as the food the catheter being advanced in the small intestine by the movements of the stomach and then by the peristaltic movements of the small intestine. Thus, the catheter is self-advancing as described in ~~EP-C-0~~ EP 0 278 937. When the

distal end of the catheter is located in the upper portion of jejunum the catheter will be fixed against further advancement for example by being taped against the body. The position of the distal end in the intestine can be controlled by X-ray, and for this purpose there can be embedded in the distal end for example in the cap a suitable contrast agent. The coiled length of the catheter maintains the catheter in the predetermined position in the intestine and thus functions as a dislocation lock. Due to said length being made hairy, frosted, rough or ribbed the “engagement” between the surrounding food and the catheter as well as the “engagement” between the inside surface of the intestine and the catheter will be increased without sliding of the catheter at the insertion being impeded as a consequence thereof. It is therefore expected that the catheter will be 100% safe with regard to the self-advancement as well as the retainment in the predetermined position by arranging the catheter in the manner proposed according to the invention.

Page 6, line 34, please amend this paragraph as follows:

In the embodiment according to FIG. 3 the tube is provided at the outside surface thereof with an axially extending radially projecting fin 17 which in the coiled length is located at the inside thereof, i.e. inside the screw shaped coil. Also in the embodiment according to FIG. 4 such a fin 18 is provided but in this case the fin is located at the outside of the coiled length. The fin should be thin and extendible and should be extremely soft and flexible and can consist of plastic or rubber. It may be made of the same material as the tube but this is not necessary. The fin may be formed at extrusion of the tube to extend not only over the predetermined length with tendency of coiling but over the total length of the tube. The fin can be combined with a hairy, frosted, rough or

ribbed surface 16 on the tube, and on one and the same tube there may be provided two diametrically opposite fins so that the predetermined length with tendency of coiling in the coiled condition has a fin at the inside as well as the outside. On the inside the fin may be up to 10 mm wide while the fin at the outside should be no more than 1 ~~4~~ to 2 mm. In a further conceivable embodiment of the invention the fin extends helically around the tube. The fin or fins provide a further strengthened "engagement" between the catheter and the food in the stomach, and if the fin is at the outside, FIG. 4, between the catheter and the inside surface of the intestine for promoting self-advancement and strengthening of the fixation of the catheter in the predetermined position, respectively.